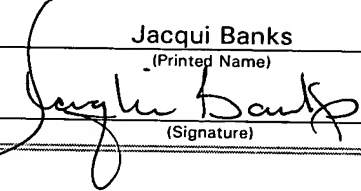


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sweeney, Patrick J.  
Title: VERTEBRAL PROSTHESIS  
Appl. No.: Unknown  
Filing Date: Unknown  
Examiner: Unknown  
Art Unit: Unknown

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979074205 US	10/16/03
(Express Mail Label Number)	(Date of Deposit)
Jacqui Banks	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Patrick J. Sweeney  
1711 Pinehurst Lane  
Flossmoor, IL 60422

[ X ] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (20 pages).
- [ X ] Formal drawings (14 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24).
- [ X ] Declaration and Power of Attorney (3 pages).
- [ X ] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	49	-	20	=	29	x	\$18.00	=	\$522.00
Claims:									
Independ	6	-	3	=	3	x	\$86.00	=	\$258.00
ents:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1550.00
[ X ]							Small Entity Fees Apply (subtract ½ of above):	=	\$775.00
							TOTAL FILING FEE:	=	\$775.00

[ X ] A check in the amount of \$775.00 to cover the filing fee is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/16/03

By 

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